ISSUE SLIP STAPLE AREA (for additional cross references)

POSITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	78385	
.I.P.E. CLASSIFIER		21	12/23/98
FORMALITY REVIEW	LA	63310	1/27/99

INDEX OF CLAIMS

✓	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
−	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date												Claim		Date									Claim		Date								
Final	Original	3/1/00	8/17/00	6/2/01	11/28/01	4/89/02	10/10/02	10/2/03						Final	Original										Final	Original									
1	1	✓	✓	✓	✓		✓	✓							51											101									
	2	✓	✓	✓	✓	✓									52											102									
	3	✓	✓	✓	✓	✓		✓							53											103									
	4	✓	✓	✓	✓	✓	✓	✓							54											104									
	5	✓	✓	✓	✓	✓	✓	✓							55											105									
	6		✓	✓	✓	✓	✓								56											106									
7	7	✓	✓	✓	✓	✓	✓	✓							57											107									
8	8	✓	✓	✓	✓	✓	✓								58											108									
	9	✓	✓	✓	✓	✓	✓	✓							59											109									
	10	✓	✓	✓	✓	✓	✓	✓							60											110									
	11	✓	✓	✓	✓	✓	✓	✓							61											111									
	12	✓	✓	✓	✓	✓	✓	✓							62											112									
	13	✓	✓	✓	✓	✓	✓	✓							63											113									
14	14		✓	✓	✓	✓	✓	✓							64											114									
15	15	✓	✓	✓	✓	✓	✓	✓							65											115									
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If more than 150 claims or 10 actions
staple additional sheet here

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